

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Michael R. Pence**  
Governor of Indiana  
**Deborah J. Frye**  
PLA Executive Director

### Physical Therapy Assistant Renewal

Your physical therapy assistant license in the state of Indiana expires on June 30, 2016. Renew online at [www.pla.in.gov](http://www.pla.in.gov) or send this form with the renewal fee of \$100 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 6/30/16 you must include a \$50 late fee. If you answer 'Yes' to any question below, send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date 6/30/16	Renewal Fee \$100.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been terminated, reprimanded, disciplined, or demoted in the scope of your practice in physical therapy or as another health care professional?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing competency requirements for renewal, understand the Physical Therapy Committee statutes and rules, and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your licensure or email the Board at [pla14@pla.in.gov](mailto:pla14@pla.in.gov) with any questions.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date